

DR. FAST

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13389

State File No. ....

FILED APR 27 1953

BIRTH NO.

REG. DIST. NO.

42

PRIMARY REG. DIST. NO.

5130

Registrar's No.

477

## 1. PLACE OF DEATH

a. COUNTY

BUCHANAN

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN RUSHVILLE-RURALc. LENGTH OF  
STAY (In this place)  
26 YRS.d. FULL NAME OF  
HOSPITAL OR  
INSTITUTION R.F.D. NO. 2

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

MISSOURI

b. COUNTY

BUCHANAN

c. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN RUSHVILLE RURALd. STREET  
ADDRESS (If rural, give location)  
R.F.D. NO. 23. NAME OF  
DECEASED

a. (First)

b. (Middle)

c. (Last)

4. DATE (Month) (Day) (Year)

OF  
DEATH APRIL 22, 1953

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. MARRIED: NEVER MARRIED,  
WIDOWED, DIVORCED (Specify)  
SINGLE

8. DATE OF BIRTH

AUG. 2, 1926

9. AGE (In years  
last birthday) 26 YRSIF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)  
AT HOME10b. KIND OF BUSINESS OR IN-  
DUSTRY

11. BIRTHPLACE (State or foreign country)

RUSHVILLE, MO.

12. CITIZEN OF WHAT  
COUNTRY?  
U.S.A.

13a. FATHER'S NAME

CHARLES ROY STRANGE

13b. MOTHER'S MAIDEN NAME

EULA BENEFIEL

14. NAME OF HUSBAND OR WIFE

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15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY  
NO.

NONE

17. INFORMANT'S SIGNATURE, OR NAME ADDRESS

CHARLES ROY STRANGE-RUSHVILLE, MO.

18. CAUSE OF DEATH  
Enter only one cause per  
line for (a), (b), and (c)I. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH\* (a)

## MEDICAL CERTIFICATION

Influenza pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH  
9 months\*This does not mean  
the mode of dying, such  
as heart failure, asthenia,  
etc. It means the dis-  
ease, injury, or complica-  
tion which caused death.

## ANTECEDENT CAUSES

Morbid conditions, if any, giving  
rise to the above cause (a) stating  
the underlying cause last.

DUE TO (b)

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.19a. DATE OF OPERA-  
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT  
SUICIDE  
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or about  
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY m.21e. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 52, to April 22, 1953, that I last saw the deceased alive on March 28, 1953, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL  
REG.

REGISTRAR'S SIGNATURE

485

25. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

MAY 15 1953

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed..... *Wm S. Stanton Jr*

Licensed Embalmer No. *3778*

P. O. Address *Albion, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.